

**STATE OF NEW JERSEY DEPARTMENT OF LABOR
DIVISION OF WAGE AND HOUR COMPLIANCE
APPLICATION FOR PUBLIC WORKS CONTRACTOR REGISTRATION**

P.L. 1999 CHAPTER 238 - THE PUBLIC WORKS CONTRACTOR REGISTRATION ACT SPECIFIES THAT NO CONTRACTOR OR SUBCONTRACTOR SHALL BID ON OR ENGAGE IN ANY CONTRACT (OR PART THEREOF) FOR PUBLIC WORK WHICH IS SUBJECT TO THE PROVISIONS OF THE "NEW JERSEY PREVAILING WAGE ACT", P.L. 1963 C. 150 (C. 34:11-56.25 ET SEQ.) FOR THE CONSTRUCTION, RECONSTRUCTION, DEMOLITION, ALTERATION, REPAIR OR MAINTENANCE OF A PUBLIC BUILDING REGULARLY OPEN TO AND USED BY THE GENERAL PUBLIC OR PUBLIC INSTITUTION, AND INCLUDES ANY SUBCONTRACTOR OR LOWER TIER SUBCONTRACTOR OF A CONTRACTOR UNLESS THEY ARE REGISTERED WITH THE COMMISSIONER OF LABOR.

- ☐ NEW (\$300.00 Annual Registration Fee)
☐ RENEWAL (\$300.00 Annual Registration Fee)

All applications must be accompanied by check or money order made payable to the
Division of Wage & Hour Compliance.

1. _____
Contractor/Subcontractor - Trade Name

_____ Street Address

City State Zip Code County

Telephone No. Fax No. E-Mail Address

_____ Mailing Address (if different from Street Address)

2. _____
Corporate Name (if different from Item #1)

3. Type of Business: ☐ Individual/Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other

4. _____
Federal Employer Identification Number (FEIN)
(If no FEIN assigned, enter Social Security Number)

5. Are you an independent contractor? ☐ Yes ☐ No

6. _____
Corporate Registered Agent

_____ Street Address

City State Zip Code County

_____ Telephone No.

7. _____
Custodian of Records in New Jersey

_____ Street Address

City State Zip Code County

_____ Telephone No.

8. Workers' Compensation: Carrier Name _____

Policy No.: _____ Effective Date: From _____ to _____

(continued on reverse)

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Application # _____ Registration # _____

Reviewer _____ Approved _____ Denied _____

Date Registration Issued _____ Date Registration Denied _____

9. List name and address of each person with a financial interest in the business and the percentage of interest, except that if the contractor is a corporation, only the names and addresses of the corporation's officers are to be provided.

A.

Name	Title	Social Security No.	% of financial interest	
Street Address	City	State	Zip Code	

B.

Name	Title	Social Security No.	% of financial interest	
Street Address	City	State	Zip Code	

C.

Name	Title	Social Security No.	% of financial interest	
Street Address	City	State	Zip Code	

10. Have any of the owners, partners or corporate officers (as listed in #9) ever held a financial interest in another firm?
☐ Yes ☐ No If yes, please state the position held, dates, name and address of the firm.

11. Have you ever been disqualified or debarred from performing public work?
☐ Yes ☐ No If yes, please provide the date and reason for the debarment or denial.

12. Cite **all** current and previous violations (within past 5 years) of any New Jersey labor laws or any other state or Federal labor laws. Include the status and/or disposition of such violations, including any pending violations. If none, so state.

13. You must complete and sign the attached list of public works contracts that you were engaged in over the past year.

APPLICANT STATEMENT

As the responsible applicant-contractor, I understand:

- the Contractor Registration for which I am applying is issued to a contractor or subcontractor as defined in N.J.S.A. 34:11-56.50 of the New Jersey State Labor Law.
- the application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose, outside sources may be contacted and permission is hereby given for disclosure of any information, which may be needed to determine registration validity and/or eligibility.
- failure to provide full and timely disclosure of any of the requested or required information or documentation may result in rejection of this application for registration.
- I am required to supplement this application in the event any new and relevant information arises subsequent to the filing of this application.
- I am required to make records available to a representative of the Commissioner of Labor at my place of business upon request and that I must cooperate with any investigation to determine compliance with various provisions of labor laws including those requiring payment of at least the applicable New Jersey state prevailing wage; timely payment of wages without deductions except those authorized by law, such as social security or income tax; accurate payroll records showing the number of employees, the number of hours worked daily and weekly, rate of pay, job classification, gross wages, net wages and deductions; and statement of deductions with each payment of wages.
- to the best of my knowledge there are no outstanding violations or debts owed to any state or federal agency.
- giving false information on this form may violate labor law and penal law and may result in civil and criminal penalties.

I certify that the information contained in this application for registration is accurate, true, and complete to the best of my knowledge.

Signature

Date

Print Name and Title

Return to: New Jersey Department of Labor
 Division of Wage and Hour Compliance
 PO Box 389
 Trenton, New Jersey 08625-0389

IF YOU HAVE ENGAGED IN ANY PUBLIC WORKS CONTRACT IN THE LAST YEAR, COMPELTE THE FOLLOWING:
(ONE FOR EACH PROJECT)

A. GENERAL CONTRACTOR

(Please list sub contractors) _____

SUB CONTRACTOR

(Name of general contractor) _____

Project Name _____ Public Body Name _____

Work Location _____ City _____ County _____

Work Description _____

B. GENERAL CONTRACTOR

(Please list sub contractors) _____

SUB CONTRACTOR

(Name of general contractor) _____

Project Name _____ Public Body Name _____

Work Location _____ City _____ County _____

Work Description _____

C. GENERAL CONTRACTOR

(Please list sub contractors) _____

SUB CONTRACTOR

(Name of general contractor) _____

Project Name _____ Public Body Name _____

Work Location _____ City _____ County _____

Work Description _____

D. GENERAL CONTRACTOR

(Please list sub contractors) _____

SUB CONTRACTOR

(Name of general contractor) _____

Project Name _____ Public Body Name _____

Work Location _____ City _____ County _____

Work Description _____

E. GENERAL CONTRACTOR

(Please list sub contractors) _____

SUB CONTRACTOR

(Name of general contractor) _____

Project Name _____ Public Body Name _____

Work Location _____ City _____ County _____

Work Description _____

ATTACH ADDITIONAL SHEET IF NECESSARY

NAME (SIGNATURE)

PRINT NAME AND TITLE

DATE